

Date of Request		Number of Interns/Participants Requested	
Requesting Manager	Site Phone	Site Address	Fax No.
Mentor's Name	Site Phone	Site Address	Fax No.
Designated Financial Coordinator/Analyst		Phone	Address
Division Organization Code		Activity Code to be Charged	
Division Name	Department Organization Code		Department Name
Estimated Amount of Funding Obligated		Length of Appointment <input type="checkbox"/> Other <input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 1 yr	
Start Date		Termination Date	
Qualifications <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Postgraduate <input type="checkbox"/> K-12 Teacher Sabbatical <input type="checkbox"/> Fresh <input type="checkbox"/> Soph <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Doctoral Student <input type="checkbox"/> Summer Faculty <input type="checkbox"/> Post Bachelor <input type="checkbox"/> Postdoctoral <input type="checkbox"/> Faculty Sabbatical <input type="checkbox"/> Graduate Student (Masters) <input type="checkbox"/> K-12 Teacher Summer Appt.			
Discipline <input type="checkbox"/> Engineering _____ <input type="checkbox"/> Geology/GIS _____ <input type="checkbox"/> Computer Science <input type="checkbox"/> Biology <input type="checkbox"/> Mathematics <input type="checkbox"/> Chemistry <input type="checkbox"/> Other _____			
Selected Candidate	Site Location (If Known)	Site Phone (If Known)	Fax Number (If Known)
Minimum Qualifications			
Clearance Required <input type="checkbox"/> Uncleared <input type="checkbox"/> L <input type="checkbox"/> Q		Access to Radiological Areas <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Project or Research			
Requesting Manager's Signature (Manager with Budget)			
Return form to Bernice F. Bryant (5-8408), 742-A, 163; Alyson Hutson (5-7717), 742-A, 145			